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ABSTRACT

Casa de Esperanza, Incorporated, is a program which provides residential care to severely disturbed children, ages birth to 6 years. The philosophy of the program is to provide care to the disturbed child and counseling to the parents so that the child may return to the parental home once the crisis is past. The children are cared for in shelter houses with an emphasis on emotional attachment to the caregivers and consistency of caregiving. Casa staff attempt to build long-term relationships with the children which will continue after the children are reunited with their families. The ultimate goal of the program is to provide a continuum of care that can take the most disturbed child through a series of decreasingly structured environments to a point at which the child can function in a setting as close to normal as possible. Components of the program include parent/after care services, psychological services, the developmental center, the therapeutic nursery, medical clinic, foster homes, and therapeutic foster care. (The booklet contains vignettes describing the staff and particular children.) (ABL)

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THE HOUSE THAT CHILDREN BUILT

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Artwork by Casa children

THE HOUSE THAT CHILDREN BUILT

Marion Tolbert Coleman

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Foreword

Ours is a society in which the daily events of living are duly recorded by those in the media profession and fed back to us as quickly as possible in our morning papers and on the evening news. Indeed, sometimes we feel that we are under such a barrage of "news," that we have heard so much so many times, we may become numb to what we read and hear. In the case of child abuse, however, this callousness has not occurred. It seems that almost weekly, if indeed not more often, the media carry another tragic report of child abuse. And each new reporting of a child who is hurt or killed seems to stun us anew. At the same time, in spite of our horror and our sorrow, most of us feel that the physical and emotional maltreatment of a child is an occurrence that is so foreign to our own existence that such events, although tragic, are not really ours to be concerned about. After all, what can a single person do to help in such overwhelming circumstances?

This pamphlet tells the story of a small group of people in Houston who decided to deal with that question. The resulting grass roots program, Casa de Esperanza, Inc., has evolved over its short lifespan into a comprehensive set of services for abused and neglected children and their parents.

The Foundation originally became involved with Casa in 1985. A grant was made by the Ima Hogg Foundation to provide some support for the overworked psychotherapists who were already generously donating over half their time to working with these families. Most recently, the Foundation awarded a second grant to help develop a long-term therapeutic shelter. With the addition of this component, Casa is now able to provide residential care for severely disturbed children from the ages of birth to six years in a setting most appropriate for their individual needs.

One of the most appealing features of the Casa program is its potential for replication. Unlike so many projects which are outstanding but are in large part dependent on a single charismatic individual for success, the Casa program was carefully designed

by its founders so that it can be easily replicated and adapted to the characteristics of different communities. Two other Texas cities have already begun programs based on the Casa model. It is hoped that one of the outgrowths of the publication of this pamphlet will be the planting of the Casa vision in the minds of other caring citizens in communities which have not yet found a way to help abused children who suffer severe emotional problems.

Wayne H. Holtzman
President
Hogg Foundation for Mental Health

THE HOUSE THAT CHILDREN BUILT

Three days before Christmas, a 4 lb. 13 oz. baby girl is found on the doorstep of a two-story frame house in an older neighborhood just west of downtown Houston. The occupants of the house bring her in and call a pediatrician. A short time later in the day, the phone rings. The caller is a single father, babysitting his neighbor's two children. But the neighbor has been gone more than a day. It appears the children have been abandoned. He cannot afford to stay home with them and lose his job. May he bring them to the house?

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A few blocks away from the frame house stands a large red brick house. Its backyard is a setting that looks more like a site for wedding receptions than swings and slides. Here, a tiny child sits, under the watchful eye of Sister Mary Katherine, quietly sifting dirt through his fingers, trying to spot the small, elusive earthworm he has just uncovered. His name is Timmy. He will be three years old next week, and he weighs 17 pounds. He is bulimic, a direct result of an abusive father's twisted ideas about punishment.

Timmy looks up as the screen door of the clinic, a small red building in the backyard, swings wide. Dr. Kay stands in the doorway and calls good-bye to the boy who is impatiently tugging on Sister Rose's hand as they move down the sidewalk to the back door of the big house. Dr. Kay is smiling because Jonathan's weight check showed that he gained a half a pound this week. Dr. Kay's smile fades, however, as she opens the file folder to enter this latest statistic under the six-year-old's most recent psychological diagnosis of "Atypical Eating Disorder, Suicidal Preoccupation, and Psychotic Thought Process."

The names of the children of Casa de Esperanza have been changed, a practice that protects those vulnerable and victimized children whose stories are so important. Where appropriate, Casa staff are mentioned by full name. In general, however, first names are fictionalized.

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The noise of the huge freeway just behind the house on the circle is amazingly overpowered by the quiet sounds made by the five children coloring around the playtable. Also sitting on small chairs in the sunny room are five adults each of whom, from time to time, picks up a marker and colors part of a picture. Five-year-old Bobby's bright eyes and outright flirtatious smile belie the fact that he lets no one near him, physically or emotionally. He is the second of three children in his family, all fathered by different men. The fathers of Bobby and his older brother Michael left the mother before the children were born. While concerned about Bobby's inability to attach, the staff holds greater fear for Michael in whom, at age seven, suicidal fantasies continue to grow stronger.

Across the table from Bobby, two sisters, small, delicate beings with whispery voices and downcast eyes, cuddle close to the women at their sides. They are survivors of a family tragedy that made national headlines. The latest crisis in the family occurred just last week when an older sister grabbed a butcher knife and tried to attack Eva, the elder of this pair, who now sits quietly choosing markers.

The adults at the table consist of two psychotherapists; two nuns, one of whom is a social worker by training, the other a retired teacher; and a volunteer spending her first day in this, the therapeutic nursery.

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Three different scenes in three different Houston houses. Yet all have a common thread. They are part of the vision that is named Casa de Esperanza—the House of Hope. They are part of a dream that continues to grow.

The Original Dream

On the occasion of Casa de Esperanza's fifth anniversary, Sister Kathy Foster and Bill Jones, director and associate director of the program, explained eloquently in their newsletter what their vision had been when they founded Casa. They wrote:

> It all seemed so simple in the beginning. . .
> We would find a little house where we would take care of the children. We would work with parents to help relieve their stress and the children would quickly and safely return home. Our hope would be that we could help the family before the father or mother was so stressed that the child was hurt or neglected.

As Sister Kathy's and Bill's words explain, the original vision was a program that would be preventive in nature, targeting families in which children were at highest risk for abuse and neglect. They hoped that they could spread the word to parents whose lives seemed to be spiraling downward, out of control. They hoped these parents would bring their children to Casa until times were less stressful rather than attempt to continue caring for them in such precarious situations.

And parents did respond. Casa's entry into the Houston community could not have been more timely. In any community, there are families at the bottom of the socioeconomic ladder, in need, with problems that seem to multiply geometrically. But in the early 1980s, Houston was at risk to have more than its share. Displaced families from the great industrial centers of the northern United States had come, looking for a better life in this sunbelt "promised land." International migrants were adding significantly to the population of this city whose tremendous growth seemed literally out of control. Teenage pregnancy rates, causing alarm nationwide, were at what could be considered epidemic proportions in Houston.

And then, the price of domestic oil plummeted. The Texas economy, so dependent on that one industry, shattered. The Houston house of cards fell quickly, and the families caught at the bottom of the heap were many and they were in serious trouble. In the midst of the misery, a small house appeared and the children began to come.

The first house. Assigned by her order, the Sisters of St. Mary of Namur, to social ministry at Immaculate Conception parish in Houston, Sister Kathy Foster joined Bill Jones, a specialist in infant development and formerly on staff at Hermann Hospital, to begin Casa de Esperanza in 1982 with $500 donated by a retired lawyer friend. The money was used to begin paying rent on the first shelter. That donation, while it may have been small, was the original contribution in the only source of funding Casa has ever received—private donations.

Bill, Sister Kathy, and the other sisters with whom she lived began to look for a house. The one they found was in one of the poorest sections of Houston and was perfect in only one way—they could afford it. And the reason rent was so low was because of the damage done by the second floor fire when the cocaine factory which had been housed there exploded. Neighbors, at first suspicious of the new activity in and around the house, soon began to point out to others, "the house over by the bar where nuns are going to take care of babies." Renovation took two solid months of work by the sisters who comprised the original small staff, a few early volunteers who had heard of Casa informally, and—the neighbors.

The process of putting a child in Casa's care is not difficult. Referrals can be made by anyone, but ultimately children must be placed voluntarily by their parents or a legal representative. When children are admitted to the shelter, both medical and psychological evaluations are made to determine whether Casa's therapeutic intervention is appropriate for and of potential benefit to the child and the parent(s). From these assessments, an individualized service plan is created for each child who is admitted.

Because the expectation of the program is to return children to the parental home once the crisis is past, work with the parents is just as important as that done with the children. Thus, even though there are no direct costs for the care, there are expectations of the parents. They are, for instance, expected to visit their children regularly and participate in counseling while their children are staying in the shelter. This counseling attempts to address not only

the problems directly related to parenting difficulties but the underlying problems which led to the immediate crisis situation. Thus, Casa staff may find themselves helping parents register for job training, securing them bus passes to get to and from classes, as well as teaching them stress management skills.

For most Casa children, the average stay is one to three months. However, the children's connection with Casa is not severed after their return home. Staff continue to provide support to the families and attempt to create long-term relationships in which honest, open dialogue can take place. Parents are assured that staff will be available to help them, to support them as they reintegrate the children into the family configuration. The goal, of course, is to reunite the family unit successfully. However, if the parents find that they have taken their children home too soon and again become overwhelmed, they know they can return them to Casa's care.

The question of whether the Casa model is indeed meeting a need can perhaps best be answered by the fact that by its fifth year of operation, Casa had three licensed shelters and 25 staff persons and had served over 400 children and their families. But even more important, the program had evolved in other directions, expanding the range of services offered to these families. Yet each new component held the original vision, "to take care of the children," at its core.

And How it Grew

The analogy of the peeling of the layers of an onion may be most appropriate for understanding how Casa grew. As needs were met, deeper and more serious needs came to light. At the same time, the children coming into Casa were bringing more and more serious problems from more and more seriously dysfunctional families.

When asked why she thought the presenting problems were becoming more serious, Sister Kathy had several answers. "The economy has been a major factor. There are fewer and fewer mental health services available for people in trouble. The increasing number of teenage parents is clearly a contributor, as well. And those teenage mothers are having more than one child. I also think, however, that we are just getting better at recognizing how disturbed and dysfunctional the people are that we are dealing with. The deeper you probe, the more problems you uncover." Sometimes it seems that the onion has no center.

A greater force was affecting the growth of Casa more than just the increasing needs, however. There was also the emerging realization that many of the children Casa was serving were already victims, to whom severe damage had already been done. Thus, two guiding principles began to emerge that probably differentiate the work of Casa from any other programs for abused children. And while they may have evolved as the program did, these principles are now two strong underlying themes that run throughout the activities that make up what Casa has become.

The first of these principles is the belief that perhaps the most important thing that Casa can offer these children is intangible—*emotional attachment*. Many children who come to Casa have virtually lost the ability to bond emotionally with anyone. Casa staff and volunteers are asked to attach to the children in their care. And while these caregivers acknowledge that it will be difficult to let go, if and when the time comes for the child to leave, they also believe that building an attachment with the child may be the only way to make any positive difference in some of these young lives.

Casa's experience with a child named Scott is probably one of the most serious cases they have been presented with, but it is not

atypical of this bonding void—except perhaps in its fairy-tale ending. Scott came to Casa when he was three days old and weighed five pounds. His mother was a heroin addict and she did not want him. The pediatrician who examined the newborn told Sister Kathy, "This baby is suffering failure to thrive. What that means is that this child has given up the will to live. The only way to save him is to give him a reason to live." The orders from the pediatrician were simple, "Do not put him down. Hold him until he begins to respond." And so for three weeks the staff and volunteers took shifts, sitting and rocking Scott twenty-four hours a day. Because the mother had relinquished custody, Scott was adoptable. The couple who took him were told that he was very likely to have cerebral palsy.

A small photograph of Scott is stuck in the corner of a large picture frame on Sister Kathy's desk. In it, a beautiful, blond-haired, ruddy-cheeked boy is dressed as Prince Charming for his school performance of Snow White. He stands smiling at the camera, his ballet slipper clad feet in proper fifth position. The little boy preparing for his dramatic debut is physically healthy and very full of life.

The second guiding principle is the idea of *consistency*. Sister Kathy and Bill realized early on that one of the most traumatic factors in many of these children's lives was the roller coaster series of placements that they had been through. As an example, before he came to Casa, Timmy, the three-year-old bulimic, had been in seven foster homes in six months. Each successive family found that they were incapable of handling the severity of his emotional problems—and so he was moved on to the next.

Jonathan, whose eating disorder is anorexia, was first brought to Casa by his mother when he was two and a half years old. At the time he was placed in the red brick house to live, at age six and a half, it was his seventh admission to Casa. His case history for those four years between is a muddle of testings, placements, retestings, and re-placements.

Thus, as new components of the Casa program evolve, every effort is made to keep as much consistency running through a child's daily existence as possible. The ultimate goal is that the program provide a continuum of care that can take the most

disturbed child through a series of decreasingly structured environments to a point at which the child can function in a setting as close to "normal" as he or she is capable of doing. As each new component of Casa has been added, each, in its unique way, has embellished these ideas of investing emotionally and providing consistency.

Increasing the number of shelters. It is not surprising that the first way in which Casa grew was simply to increase the capacity to take children. However, in doing so, the goal of maintaining a nurturing, homelike environment was never compromised. Each of the two shelters which has been added to the Casa family houses only six children, so that a maximum of eighteen children can be served at one time. One of these additional shelters is earmarked for children who are severely emotionally disturbed.

Parent/After Care Services. While meeting the needs of parents in crisis has been a primary goal of the Casa program from the beginning, the services offered to parents have expanded greatly, primarily in the area of after care or follow-up with parents when the children return home. Once again, maintaining consistency is key to the development of trusting relationships with these struggling individuals. Thus, two Casa staff members, an R.N. and a sister who was formerly a teacher, are assigned specifically to this aspect of the program. Mary and Sister Dorothy establish their initial relationships with parents when first contact is made with Casa, most often before the children are placed. They continue visiting parents and offering assistance while the children are living in the shelter, and they continue making follow-up visits for at least three months after each child returns home.

One of the most important characteristics of the relationships that these staff members establish with parents is a climate of honesty. If the parents are engaging in inappropriate behavior, they are told firmly but caringly. And because a trusting relationship has been formed, parents are more likely to hear these criticisms in a constructive manner. Furthermore, because the Casa staff has reassured parents that they will continue to provide support, especially if a crisis reoccurs, the environment that is created is much like that of an extended family.

In addition to this individualized service provision, two members of the Casa staff, Bill and Sister Josephine Stewart, wrote a fundamental childcare manual for parents which they titled, "If the Walls at Casa Could Speak." Development of this resource came from the growing realization that many Casa parents did not know the most elementary facts about their children's basic needs. The Parent After Care workers continue to use this tool to train parents to care better for their children.

Psychological Services. For the first year Casa was in existence, two psychotherapists donated part of their time to working with the children in the shelters. As their work progressed, so did the hours they devoted to it. Soon, it became clear that a fully developed psychological services component was essential if the needs of the Casa children were to be addressed anywhere near adequately. Moreover, the standard types of interventions normally used by therapists were inappropriate for the majority of Casa families. These families were among the most severely dysfunctional, and it was found to be almost impossible to involve them in traditional therapy. Furthermore, the age of the children at Casa was an even more complicating factor. Few if any models exist for the handling of such young severely emotionally disturbed children as those Casa was receiving. Thus, the psychotherapists faced the task of designing interventions for a group about whom little is known but for whom the risks of long-term emotional impairment are tremendous.

In 1986, the two psychotherapists became full-time paid staff members providing both therapy and services for children and their families and support and training for the staff. Their work is supported by efforts of a full-time social worker. Casa's psychological services became more fully developed with the additions of the developmental center and the therapeutic nursery.

The Developmental Center. Soon after the psychotherapists came on board full-time, another house was added to the Casa family to serve the special psychological needs of the children and their parents. In this large, attractive, two-story home, the Casa children receive developmental training in the areas of language, motor skills, and socialization. The living and dining rooms have

been converted into playrooms. In the large front room, a one-way mirror allows the children to be observed without interfering in their activities. In the smaller room, a low table and chairs serve as a focal point for small group therapy sessions. Across the hall, a sunny room with comfortable chairs affords a setting for parents to become involved in individual therapy as well.

The Therapeutic Nursery. Four mornings each week the Developmental Center is the site of therapeutic playgroups. Two groups, one for four- and five-year-olds and the other for younger children, meet for two hours of unstructured play. For this intervention, the emphasis is social development. In this setting, on a one-on-one basis, the psychotherapists and volunteers work with children from the shelters, those placed in foster homes, and those back in their parental homes.

Medical Clinic. In spite of the children's serious emotional problems, the number one need of those entering the Casa program is health care. Originally, the Casa children received medical care at a low-cost community clinic. While necessary services were obtained at no cost to the agency and continue to be so when needed, Casa staff became progressively more concerned about continuity in the treatment of their children's medical needs. Moreover, once a child with a health problem returned home, it was difficult to convince parents to continue seeking assistance in a bureaucratic system in which most of them felt confused and overwhelmed.

One day in 1985, the representative of the infant formula company assigned to Casa suggested the name of a pediatrician who might be willing to volunteer some time to seeing the children. And Dr. Kay, as the children call her, did volunteer—to come one day a month.

Her first clinic was held on a diaper table under what she laughingly described as a "ten watt bulb" in the original shelter. When she completed that first day's examinations, she turned to Sister Kathy and Bill and simply said, "This is never going to work." From that point on, Dr. Kay Motil came to operate the clinic once a week.

In both 1986 and 1987, the clinic was held 48 weeks of the year. During 1987, it moved to a new home, the small building in the backyard of the big red brick house. Here, using donated equipment, Dr. Kay sees the children from the shelters, those in the Casa foster homes, and those who are back in their parental homes.

Again, the idea of consistency motivated this aspect of the Casa program. Children who had previously held strong fears about receiving treatment, primarily because of their erratic histories of medical care prior to admittance to Casa, rapidly reversed those anxieties as they grew used to seeing Dr. Kay routinely in the little clinic. And once the children move from a shelter, either back home or to a foster home, they are able to continue under Dr. Kay's care. This follow-up availability is most important because it is not only the children who have had negative experiences with the medical system (if and when it was utilized), but the parents as well who may have been so traumatized or intimidated by their dealings with medical professionals that they do not seek help when their children need care. Thus, while their children are at Casa, the parents also come to know and trust Dr. Kay. They understand that they can bring their children back to her even after they return home, and so they are not afraid of seeking medical attention when it is needed.

Foster Homes. It wasn't long before the rooms of Casa were full, waiting lists were being started, and parents were having to be turned away. The Casa staff became frustrated because they could not expand the shelters and keep the homelike atmosphere that gives Casa its unique caregiving ability. At the same time, it became apparent that some of the children had become stable enough to leave the shelters, but their parents were not ready to take them home. Still others were in need of long-term care. If such children could be put in foster home settings, several other children could be served in the places they had formerly occupied at a shelter.

Aware of these dilemmas, volunteers began to come forward and ask to take children into their homes. Casa staff were aware

that the movement into a foster home setting is a precarious one. Many of the children were veterans of more than one unsuccessful foster home placement. Thus the Casa staff moved cautiously as they received their license as a child-placing agency and began licensing foster families. Only volunteers who had worked in the shelters at least six months were eligible to become foster parents. And children were placed only with volunteers with whom they had formed relationships while living at the shelter.

In the first two years after obtaining its license as a child-placing agency, Casa approved thirty-five foster homes. These foster parents receive no financial support from the state or Casa for their work with these children. And yet they are asked to invest—heavily. Even though the child in their care will leave at some unknown time in the future, they are asked to love that child as if he or she were one of their own. It is a request that the Casa staff does not take lightly. In Casa's anniversary newsletter, these people were thanked "for choosing to love your child with all your heart, even though your heart may break when it comes time to say goodbye." In the first two years of the foster home program, only one foster family brought a child back to the shelter because his problems were too severe for them to handle.

Therapeutic Foster Care. The newest piece of the Casa configuration is a unique attempt to meet the needs of the most seriously disturbed of Casa's children. Over time, the staff at Casa began to recognize that some of its children had disturbances which were so severe that, even with regular therapy sessions, they were not improving.

Sister Kathy explained the severity of the problem as follows, "We are seeing very young children, some still infants, in whom serious emotional disturbances are already deeply rooted. These children cannot wait until they reach adolescence to get help, but that is the age group for which almost all residential treatment programs for emotionally disturbed children are designed. Those services that do exist are not available to indigent children. We cannot wait until adolescence to treat children like Timmy or Jonathan. The chances are good that they simply will not live that long. And if they do, their chances for attaining any level of

normal functioning in adulthood are nonexistent. If we don't start now, I believe that they will be lost for good. If we begin treatment now, then there is some hope. But however small that hope may be, we must hang on to it and work with it. What other choice do we have?"

For these most seriously ill of Casa's children, one of the houses has been designated as a long-term foster care facility, and it functions as a small therapeutic residential treatment center. Here, no more than six children from the ages of 18 months to 6 years live with a set of foster parents. A total of seven staff including a psychiatrist and the psychotherapists provide a highly structured environment with constant supervision. Once again, emphasis is placed on consistency of caregivers.

Once this aspect of the Casa program is in place, a full continuum of care for severely disturbed, abused and neglected children will be in place. A child will be able to enter treatment at the level most appropriate for the severity of his or her problems and then gradually move into less structured settings as he or she improves.

Workers in the Vision

The kind of care-giving in which Casa is involved is one that is not usually considered cost-effective. A small number of children at any one time are involved in a twenty-four hour treatment program that includes regular medical care and psychological services. Yet Casa is able to serve an average of 50 children a day in its shelters and foster homes, more than 150 each year at a cost of $50 per day. While such a cost seems high, it compares favorably with the majority of residential programs whose costs run anywhere from $100 to several hundred dollars a day. That such a large program has evolved with so few staff and an incredibly small budget is in large part due to the staff themselves and to the thousands of hours contributed by volunteers.

Approximately twenty-three full-time staff persons work for one year in exchange for room, board, health insurance, and $200 a month. Many of these staff are sisters from orders all over the United States. The laypersons on staff are likewise drawn from virtually everywhere.

From the very earliest days, one of the key components to the success of the Casa program has been the numbers and the kinds of volunteers who have donated time and talents to the Casa vision. A 1986 report shows that 256 persons participated in active volunteering during that year. One hundred ninety of those volunteers spent three hours a week in direct child care while 66 professionals donated services in the equivalent of 9,486 hours. If the value of the total of 39,126 hours is conservatively estimated at a worth of $3.55 per hour, these donated services represent $138,897 of in-kind service.

Volunteers have included three Germans from Eirene, an international peace organization, two teenagers from Switzerland who wanted an experience in American poverty, and a student from the University of Notre Dame. Such volunteers come to Casa for one year as full-time employees.

Yet the vast majority of volunteers, with far less intriguing backgrounds, keep Casa alive by spending just a few hours a week with children. But those add up to many hours when one considers that the shelter is staffed by three shifts—day, after work, and night. Aware that such involvement can be intensive and exhausting, volunteers are limited to working no more than four consecutive hours.

And Where it Leads

Even though the Casa vision has grown probably far beyond Sister Kathy's and Bill's original expectations, the addition of the most recent of the program thrusts, the therapeutic foster home, is actually a move that brings the program one step closer to meeting its creators' goals. There are times when, hearing Sister Kathy and Bill relate the latest news at Casa, it is easy to envision the cartoon character who patches the gushing leak in the water pipe only to turn and find that three more leaks have sprung up. But instead of rushing to and fro while the water continues to rise, Sister Kathy, Bill, the staff, and the volunteers move quietly and methodically from one leak to the next, looking backward at their accomplishments, but much more often, forward to their challenges.

Sister Kathy and Bill are realistic about the impact of their work. If anything, they downplay the successes. The first thing they stress to staff, volunteers, foster families, and those outsiders curious about the program's success is, "Don't expect major leaps. These children have so far to come and have had such enormous struggles, success must be measured by small, sometimes almost imperceptible changes." Yet the changes are there and some, although slow, might be considered small miracles.

The baby girl that arrived just in time for Christmas lies in a crib at the red brick house with her heart monitor ticking softly beside her. Her weight at the age of five weeks is 6 pounds.

Timmy's weight rose from 17 pounds to 22 pounds in the first five months he was at Casa. He has not thrown up since living at the shelter. He will be one of the children placed in the therapeutic foster home.

Jonathan will also be placed in the new facility. His eating disorder appears to be under control at the moment, and his psychotic thought processes have decreased dramatically. When the next school year begins, he will be in a regular classroom for the first time in his life.

Both Bobby and his half-brother Michael are in foster homes. Bobby's ability to attach is not improving. Michael, however, has stabilized somewhat in the five months he has been in his foster home. He no longer has suicidal fantasies and he, too, will be mainstreamed into a regular classroom.

Eva and her younger sister are also in a foster home. Their older sister remains in the residential treatment facility where she was placed after attacking Eva. There is little hope that their family situation will ever reach a point at which the littlest girls can be returned to their parental home. There is hope, however, that the therapy which they have been receiving for six months will slow if not reverse the downward spiral into mental and emotional dysfunction they were experiencing when they arrived at Casa.

When asked about the next step, the next leak that will likely need fixing, Sister Kathy responds firmly but sadly, "I honestly believe that we are taking some children who are so disturbed that they will never be able to function in a traditional home setting whether it be their biological home or a foster one. And many of those children will never be adoptable because the parents do not want to give up custody even though they are unable to provide adequate care. These are children who are in need of childhood-long placement."

Bill further explains, "When we speak of long-term care we are not talking about an orphanage. Those institutions were shut down precisely because they were an institutional setting. We are talking about replacing the natural home with a home in which these children receive consistent, loving care even though it may be from multiple caregivers. Our experience has shown that children can make primary attachments in this type of setting. We honestly believe that, for some of our seriously ill young children, this type of environment may be their only hope for achieving any kind of functional adulthood."

And so Casa continues to grow, to serve the children of Houston. And other communities are beginning to develop their

own versions of the Casa model. The model is replicable as well as easily adaptable to a different city's unique situation and needs. Staff and volunteer training materials have been developed along with guidelines for administering the program. Houston is not the only city where children are in need.

Sister Kathy once said, "These are truly houses that children built." This simple statement, probably more than any other, reflects the moving force behind Casa's ever-widening circle of services. As the people at Casa attempt to answer the question, "What do the children need?" the next part of the vision unfolds naturally. They then proceed to turn that part of the vision into reality—quietly, carefully, but most of all lovingly.

THE HOUSE THAT CHILDREN BUILT